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TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING

December 15, 2004
Richard M. Flynn Fire Academy
Concord, New Hampshire

Members Present: John Sutton, MD, Nick Mercuri, RN, EMTP, Michael Pepin, EMTP, Clare Wilmot, MD, Kathy Bizarro, Tony Corum, EMTP

Guests: John DeSilva, NHFCA nominee, Donna Clark, RN, Vanessa Barrett, RN, Sharon Phillips, RN

Bureau Staff: Clay Odell, EMTP, RN

I. Call to Order

Item 1. Introductions The December meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:35 am on Wednesday December 15, 2004 at the Richard M. Flynn Fire Academy in Concord, NH.

Clay introduced Chief John DeSilva from Amherst Fire Department. Chief DeSilva is the NH Fire Chiefs Association nominee to the TMRC. Members and guests then introduced themselves.

Clay reported that we have lost a couple of TMRC members recently. Estelle MacPhail resigned from the committee due to her retirement. Karen McBride has left the Medical Examiners Office and submitted her resignation from the TMRC. Clay will be working on soliciting nominees from the Medical Examiner's office and a trauma nurse.

Item 2. Acceptance of Minutes Minutes of the August meeting had previously been approved and there was no discussion except for the fact that Clay had forgotten to email the August minutes out prior to the December meeting.

The October TMRC meeting was cancelled.

III. Committee Discussion Items

Item 1. Renewal Process & Hospital Updates Clay reports that he and Dr. Sutton have reviewed the renewal application submitted by Littleton Regional Hospital. Copies of the application were distributed for review by the committee. Dr. Sutton asked Dr. Wilmot from Littleton Regional about the number of annual trauma team activations,

which seemed low for a hospital of LRH's size. Dr. Wilmot explained that most frequently there was a partial response of the trauma team, which included the surgeon but did not activate the OR team and anesthesia. This procedure has been working well for them. The TMRC suggested that LRH redefine their trauma team activation into different stages, but to consider a partial team activation for the purpose of capturing data. Dr. Wilmot will bring this back to LRH with Clay's assistance.

The committee members present voted unanimously to approve Littleton Regional Hospital's application for renewal of Level III trauma hospital assignment for a five year period.

Clay received the renewal application from Southern NH Medical Center. He and Dr. Sutton will meet to review the application and will place it on the agenda for consideration at the February TMRC meeting.

Clay has sent renewal applications to Elliot Hospital, St. Joseph's Hospital, Androscoggin Valley Hospital and Cheshire Medical Center.

A review committee needs to be established to do a site review at Cottage Hospital. We will try to arrange that for January 2005.

Dr. Sutton presented an issue that the TMRC will need to consider in the near future. There are increasing times when Level II trauma centers do not have neurosurgery service available. DHMC has experienced neurotrauma patients transferred to them with very minor head trauma. If this pattern were to continue it would overburden the only Level I trauma center in the state. Dr. Sutton feels that large hospitals with neurosurgical coverage issues need to come up with a plan to care for patients with a negative CT scan who have a low likelihood of needing a neurosurgical procedure, other than transferring those patients out. Dr. Sutton says this could mean downgrading a hospital's assignment, but the TMRC will need to look at this issue.

Kathy Bizarro said she has noticed that some hospitals in the state are reporting "self designation" as far as their trauma capability, rather than being assigned through the NH Trauma System. She has noticed some health plans begin paying for performance, with different reimbursement rates to hospitals based on their performance levels of trauma care capabilities. Are the health plans looking for official certification? This is not clear at this time. This will be an important issue to follow.

A suggestion was made by Nick Mercuri to put the definitions of the different trauma hospital assignment levels on the trauma website.

Item 2. TEMSIS Clay read the TEMSIS section of Sue Prentiss' EMS Bureau report. After two years of planning and hard work by the Research Section and the TEMSIS Committee, a memo has arrived from the Coordinator of the Highway Safety Agency, Peter Thompson, stating that \$366,145.13 will come to the Bureau in the form of a NH Highway Safety Agency grant to fund the start-up costs. The grant needs

to be approved by Governor and Council as well as does the final vendor selection. This dream is soon a reality – good work to all involved!

As you may already know, an evaluative testing process was conducted during a 60-day period during the summer of 2004. Tested was time to task, completion of data elements and user satisfaction. From in person interviews and surveys completed by the users, there were three items to concentrate resources. Those items were education, flexibility, and process change. Education must be consistent, straightforward and geared toward the user. The system must be flexible in gathering information in a way that is useful to the Units and hospitals. Finally, Units must make changes in their operations to utilize electronic documentation

Item 3. Legislative Action No report.

Item 4. NH EMS Update On behalf of Bureau Chief Sue Prentiss, Clay submitted a report on Bureau activities. That report is attached to these minutes.

III. Old Business

Item 1. Air Medical Notification and Protocol Projects No new action on the air medical notification project. The process seems to be working well in the southwestern region. There has been no action in the Capital region as previously reported. Potential new evaluation sites are being cultivated by DHART. Donna Clark reports that overall DHART scene flight volume has increased from 16% to 18% over the past four years.

Donna announced that DHMC's Board of Governors has approved the addition of a second aircraft to operate 10:00am to 10:00pm seven days a week. Last year DHART received 226 requests that could not be completed because the helicopter was already on a flight.

The new aircraft will go online in late spring of 2005. It will be based at DHMC in Lebanon. DHART is exploring the use of night vision goggles to decrease the number of times the helicopter cannot respond due to weather/visibility issues. They also continue to evaluate the practicality of instrument flight rules (IFR) application to improve the ability to fly when weather is poor in Lebanon but clear elsewhere. IFR still does not appear to be practical at this time. Precision GPS (global positioning satellite) approaches are being explored by LifeFlight of Maine, but not by DHART at this time.

Clay reports that the Air Medical Transport protocols will be included in the 2005 rollout of the new protocols. Clay anticipates that he will be requested to explain/defend the new protocol in some areas when the protocols go into effect. He has been working on creating a utilization review of AMT from the scene. DHART has been very willing to share de-identified flight data with Clay and he has reviewed several months worth of flight records with the goal of determining the appropriateness of scene and interhospital AMT of trauma patients. He has been in contact with Boston Med Flight regarding that

process and plans to meet with the BMF Director Suzanne Wedel, MD to see how Massachusetts did their AMT utilization review.

Kathy Bizarro recommended making sure an AMT utilization review is recognized as a quality improvement process within the Bureau that is protected. Clay will investigate that.

Clay asked if the committee felt that a subcommittee of the TMRC should be established to do a utilization review once the protocols went into effect. The consensus was that that would be a good idea. Clay will be recruiting members of that subcommittee.

Item 2. Fall Trauma Conference The 2004 NH Trauma Conference was held November 10, 2005. The conference was well attended with 85 participants and 24 of the 26 acute care hospitals in NH represented. Evaluations were very positive and Clay passed around copies of the evaluation summaries.

The NHBEMS will be looking at sources of funds to subsidize the cost of the program. We used \$7400 from the federal trauma systems grant on the 2004 conference. Those funds will not be available in 2005. Clay is exploring using Bioterrorism Preparedness funds next year. Dr. Sutton inquired about using money from the Fire & EMS Education funds that the state collects. Clay will look into that.

IV. New Business

Item 1. System Performance Improvement Project The "Resource Deficiencies" breakout session at the Trauma Conference confirmed the need to address the issue of critical care transport of serious trauma patients. Previous plans to conduct a research project on critical care transport deficiencies have not moved forward yet, but are still being developed.

The NHBEMS has started work on hosting a summit meeting to discuss the CCT issue. The summit will be open to statewide providers, but since the main difficulty appears to be in the North Country, the meeting will be held there to encourage participation.

V. Public Comment

Nick Mercuri and Kathy Bizarro asked if anyone recalled the TMRC being involved in the creation of the "COBRA" interfacility transfer forms that the NHBEMS used to distribute. They see the need to revise those forms, but the Bureau has not issued those forms for several years. No one in the committee had any recall of a role in the creation of that form, but advised contacting the NH Medical Control Board, particularly Norm Yanofsky, MD.

Sharon Phillips announced that Concord Hospital's annual trauma conference is scheduled for April 12, 2005.

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday February 16, 2005.